

CITY OF LOWELL

AUTHORIZATION TO RELEASE INFORMATION

I, _____, am an applicant for employment with the City of Lowell. In order to process my application, certain information must be made available to the Mayor of the City of Lowell. This information is for my benefit. This release is valid for a period of one (1) year from its date.

I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); financial institutions of any kind; credit bureau or consumer reporting agency; medical institutions and doctors; military records; any other person, institution or organization; and all governmental agencies (local, state, federal or foreign), wherever said individuals or organizations are situated, to release to the Mayor of the City of Lowell, or to any representative thereof, any document, information, record or file that the City of Lowell deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I hereby release you, as the custodian of such records and all of said individuals and organizations, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Further, I appoint the Mayor, or his representative, as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Signature

Date

Address : _____

Phone

AFFIDAVIT

I, _____, am the person who executed the above authorization. I understand its meaning, intention, and effect, and the statements made therein are true and correct.

Applicants Signature

Date

Subscribed and sworn to before me this ____ day of _____, 200_.

_____, Notary Public. My commission expires:
